

GR

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YBARRA & GILLESPIE UPHS

Jan 25 2008 4:24PM

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
ALL CITY EMPLOYEES ASSOCIATION LOCAL 3090 AFSCME/AFL-CIO POLITICAL ACTION COMMITTEE

AREA CODE/PHONE NUMBER
(213) 487-9887

I.D. NUMBER (if applicable)
850335

STREET ADDRESS

CITY
LOS ANGELES

STATE
CA

ZIP CODE
900201708

Date of This Filing 1/25/2008

Report No. 1-2008

☐ **Amendment to Report No.** 000
(explain below)

No. of Pages 3

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JAN 25 2008

DEBRA BOWEN
Secretary of State

Page 1 of 3

CALIFORNIA FORM 497
For Official Use Only

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1/25/2008	ALL CITY EMPLOYEES ASSOCIATION LOCAL 3090 AFSCME AFL-CIO	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00
	Memo Reference: 1			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

***Contributor Codes**

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

68

misc

2/3

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER
ALL CITY EMPLOYEES ASSOCIATION LOCAL 3090 AFSCME/AFL-CIO POLITICAL ACTION
COMMITTEEAREA CODE/PHONE NUMBER
(213) 487-9887I.D. NUMBER (if applicable)
850335STREET ADDRESS
514 SHATTO PLACE, 3RD FLOORCITY
LOS ANGELESSTATE
CAZIP CODE
900201706Date of
This Filing 1/25/2008

Report No. 1-2008

☐ Amendment
to Report No. 000
(explain below)

No. of Pages 3

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of the State of California

JAN 25 2008

DEBRA BOWEN
Secretary of State

Page 2 of 3

CALIFORNIA
FORM

497

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/25/2008	YES ON S 100000	YES ON S Number: S Jurisdiction: STATE	\$30,000.00	2/5/2008

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

CP

MISC

3/3

Memo Reference: 1
Money was contributed from the General Fund of the Local.

Jan 25 2008 4:24PM YBARRA & GILLESPIE CPAS 19099805478 P.3

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Kern County Republican Central Cmte-Non Fed			Date of This Filing 01/25/2008	Date Stamp JAN 25 2008	RECEIVED AND FILED in the office of the Secretary of State State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (661) 327-9321	I.D. NUMBER (if applicable) 770873		Report No. 20080125-7055475			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Bakersfield	STATE CA	ZIP CODE 93309-7044	No. of Pages 4			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/25/2008	Diane Lake TTEE Bakersfield ID: CA 93309-2455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	5000.00
01/23/2008	Knight's Pumping & Portable Services, Inc. Bakersfield ID: CA 93307-5419	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00
01/23/2008	Kern Refuse Disposal, Inc. Bakersfield ID: CA 93303-2716	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

GP

misc 2/4

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Kern County Republican Central Cmte-Non Fed		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State 2/4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 770873	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____	ZIP CODE _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: _____

Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Kern County Republican Central Cmte-Non Fed		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 <i>R</i> DEBRA BOWEN Secretary of State 3/4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 770873	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/25/2008 	T & W Farms Bakersfield CA 93311-9513 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00
01/25/2008 	GEMCare, A Medical Group, Inc. Bakersfield CA 93309-7020 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00
01/25/2008 	Klein, Denatale, Goldner, Cooper, Rosenlieb & Kimball, LLP Bakersfield CA 93309-7012 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00

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IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Kern County Republican Central Cmte-Non Fed		Date of This Filing _____	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 <i>R</i> DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 770873	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/25/2008 	Bakersfield Family Medical Center Bakersfield ID: CA 93309-1104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00
01/25/2008 	Law Offices of Clifford & Brown Bakersfield ID: CA 93301-5226	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00
01/25/2008 	Law Offices of Borton Petrini, LLP Bakersfield ID: CA 93301-5141	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1200.00

*Contributor Codes

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COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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LATE CONTRIBUTION REPORT

NAME OF FILER CALIFORNIA FINANCIAL SERVICES		Date of This Filing 01/25/2008	RECEIVED AND FILED in the office of the Secretary of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (if applicable) 1247460	Report No. LCR07-017		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY SANTA ROSA, CA 95404	STATE CA	ZIP CODE 95404		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	FRIENDS OF RIO BRAVO GREELEY IN SUPPORT OF MEASURE B (#1301505) BAKERSFIELD, CA 93301	MEASURE B RIO-BRAVO GREELEY UNIFIED SCHOOL DISTRICT	2,500.00	

☒ Secretary of State Political Reform Division
 FAX: (916) 653-5045
☒ San Francisco County Registrar of Voters
 FAX: (415) 554-7344
☒ L.A. County Registrar/Recorder Campaign Reporting
 FAX: (562) 651-2548
☐ FAX: ()

Reason for Amendment

 7536.01 *E. S. S. CES 1/25/08*

CP

misc

1 of 2

Late Contribution Report

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Amounts may be rounded to whole dollars.

NAME OF FILER LOS ANGELES COUNTY BUILDING AND CONSTRUCTION TRADES COUNCIL - POLITICAL ACTION COMMITTEE		Date of This Filing <u>1/25/2008</u>	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 483-4222	ID. NUMBER (if applicable) 822029	Report No. <u>3</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. <u>000</u> (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 900280000		
		No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

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2 of 2

LATE CONTRIBUTION REPORT

NAME OF FILER
LOS ANGELES COUNTY BUILDING AND CONSTRUCTION TRADES COUNCIL - POLITICAL ACTION COMMITTEE

AREA CODE/PHONE NUMBER
(213) 483-4222

I.D. NUMBER (if applicable)
822029

STREET ADDRESS

CITY
LOS ANGELES

STATE ZIP CODE
CA 900290000

Date of
This Filing 1/25/2008

Report No. 3

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to Report No. 000
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Secretary of State

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CALIFORNIA
FORM 497
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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/25/2008	Yes On S 1000000	Reduction Of Tax Rate And Modernization Of Communications Users Tax Number: S Jurisdiction: Los Angeles City	\$10,000.00	2/5/2008

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL NO. 16 POLITICAL ACTION COMMITTEE

AREA CODE/PHONE NUMBER
(213) 487-4262

I.D. NUMBER (if applicable)
760715

STREET ADDRESS

CITY
LOS ANGELES

STATE
CA

ZIP CODE
900200000

Date of
This Filing 1/25/2008

Report No. 10

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Page 1 of 2

LATE CONTRIBUTION REPORT

CALIFORNIA
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
SOUTHERN CALIFORNIA PIPE TRADES DISTRICT COUNCIL NO. 16 POLITICAL ACTION COMMITTEE

AREA CODE/PHONE NUMBER
(213) 487-4262

I.D. NUMBER (if applicable)
760715

STREET ADDRESS

CITY
LOS ANGELES

STATE ZIP CODE
CA 900200000

Date of
This Filing 1/25/2008

Report No. 10

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Page 2 of 2

LATE CONTRIBUTION REPORT

CALIFORNIA
FORM 497

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/24/2008	Yes On Proposition S 1303063	Reduction Of Tax Rate And Modernization Of Communications Users Tax Number: S Jurisdiction: Los Angeles City	\$50,000.00	2/5/2008

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

GP

misc.

1 of 2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 11 POLITICAL
ACTION COMMITTEEAREA CODE/PHONE NUMBER
(818) 792-3002I.D. NUMBER (if applicable)
822725

STREET ADDRESS

CITY
PASADENASTATE
CAZIP CODE
911010000Date of
This Filing 1/25/2008 in the office of the Secretary of
of the State of California

Report No. 9

☐ Amendment
to Report No. 000
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No. of Pages 2

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JAN 25 2008
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Secretary of State

Page 1 of 2

CALIFORNIA
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K

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

2 of 2

Late Contribution Report

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Amounts may be rounded to whole dollars.

NAME OF FILER INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 11 POLITICAL ACTION COMMITTEE			Date of This Filing <u>1/25/2008</u>	RECEIVED FILED in the office of the Secretary of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State Page 2 of 2	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 792-3002	I.D. NUMBER (if applicable) 822725		Report No. <u>9</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. <u>000</u> (explain below)		
CITY PASADENA	STATE CA	ZIP CODE 911010000	No. of Pages <u>2</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/23/2008	Yes On S 1303063	Reduction Of Tax Rate And Modernization Of Communications Users Tax Number: S Jurisdiction: Los Angeles City	\$25,000.00	2/5/2008
1/15/2008	Yes On S 1303063	Reduction Of Tax Rate And Modernization Of Communications Users Tax Number: S Jurisdiction: Los Angeles City	\$50,000.00	2/5/2008

Reason for Amendment:

GP

AD 55

Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Association of Marriage & Family Therapists PAC		Date of This Filing 01/25/2008	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 25 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (916) 442-2952	ID NUMBER (if applicable) 801218	Report No. 2008-0256		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Diego, CA	STATE CA	ZIP CODE 92111-1606		
No. of Pages 1				

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/25/2008	Porutani for Assembly (#1299461) Sacramento, CA 95818	Warren Porutani State Assembly Person Assembly District : 55	1,000.00	

Reason for Amendment: _____

70049.010

68

misc

1/2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO,
COUNCIL 36

AREA CODE/PHONE NUMBER
(213) 487-9887

I.D. NUMBER (if applicable)
747152

STREET ADDRESS

CITY
LOS ANGELES

STATE ZIP CODE
CA 900201706

Date of This Filing 1/25/2008 in the office of the Secretary of State of the State of California

Report No. 1-2008

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		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

CR

MSC

2/2

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO,
COUNCIL 36AREA CODE/PHONE NUMBER
(213) 487-9887I.D. NUMBER (if applicable)
747152STREET ADDRESS
514 SHATTO PLACE, 3RD FLOORCITY
LOS ANGELESSTATE ZIP CODE
CA 900201706Date of
This Filing 1/25/2008 in the office of the Secretary of State
of the State of California

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1/25/2008	YES ON S	YES ON S Number: S Jurisdiction: STATE	\$10,000.00	2/5/2008

Reason for Amendment: